

Place on agency letterhead

**VERMONT CRIMINAL INFORMATION CENTER**  
**FINGERPRINT AUTHORIZATION CERTIFICATE**

\*\*\*APPLICANT: You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** submit your fingerprints to VCIC for processing without this form\*\*\*

Agency Code: \_\_\_\_\_

REASON FINGERPRINTED:

☐ Adoption ☐ Education ☐ NCPA–Employment ☐ NCPA–Volunteer ☐ Secretary of State

NAME: \_\_\_\_\_  
Last First Middle

OTHER NAMES USED:

\_\_\_\_\_

DATE OF BIRTH:

\_\_\_\_\_ SSN: \_\_\_\_\_

PLACE OF BIRTH:

\_\_\_\_\_ Town State Country

TELEPHONE NUMBER: \_\_\_\_\_

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

CO HI IL MA MS MT NB NH RI UT WY

Applicant Signature: \_\_\_\_\_

☐ I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

☐ Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IDENTIFICATION CENTER USE ONLY:**

**TVT:** \_\_\_\_\_ **Date Printed:** \_\_\_\_\_

**IDENT CENTER STAFF – Mail these forms to:**

**VCIC – 103 S. Main St, Waterbury VT 05671 Attn: Criminal Record Check Program**